

**ADDENDUM 1**  
**ASSOCIATION OF APARTMENT OWNERS OF WAILEA FAIRWAY VILLAS**  
**REQUIRED INFORMATION FOR ASSISTANCE ANIMAL**

**A. Applicant**

Name of Occupant with Disability \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Email \_\_\_\_\_

Name of Second Occupant with Disability (if any) \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Email \_\_\_\_\_

Name of Alternative Caretaker (if any) \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Email \_\_\_\_\_

Unit No. at Wailea Fairway Villas \_\_\_\_\_

Name of Owner of Unit \_\_\_\_\_

**B. Assistance Animal**

Assistance Animal's Name \_\_\_\_\_

Type/Breed \_\_\_\_\_

Age \_\_\_\_\_

(For dogs) License or I.D. # \_\_\_\_\_

(Optional) Attach a photo of the Assistance Animal

**C. Required documents**

**Please initial below.**

\_\_\_\_\_ I enclose true and correct copies of the vaccinations for my Assistance Animal.

\_\_\_\_\_ If a dog, I enclose true and correct copies of my dog's license issued by the County of Maui.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**ADDENDUM 2**  
**ASSOCIATION OF APARTMENT OWNERS OF WAILEA FAIRWAY VILLAS**  
**ASSISTANCE ANIMAL REQUEST AND VERIFICATION INFORMATION**

*This Request is if the disability-related need for an Assistance Animal is not readily apparent.*

1. Description of accommodation being requested (attach additional sheets if needed):

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2. Do you have a disability (a physical or mental impairment that substantially impairs one or more major life activities)? The disability and symptoms of the disability need not be disclosed. (Please check the applicable box)

Yes       No

3. Does the requested accommodation (Assistance Animal) alleviate one or more symptoms of this disability? (Please check the applicable box)

Yes       No

\_\_\_\_\_ I enclose a letter or other communication from my treating health care professional, mental health professional, or social worker that verifies that my Assistance Animal is needed to alleviate one or more symptoms of my disability.

\_\_\_\_\_ I have read and understand the above questions and the information I have provided in response to the questions, and hereby affirm that the information is true and correct to the best of my knowledge.

PRINTED NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_